

70. *Chloroform in severe Childbirth.*—The following case is related by Mr. BROWN, Consulting Accoucheur to the Paddington Lying-in Charity.

Mrs. W—, aged forty, the mother of seven children, sent for me at half-past five, A. M. She had had labour-pains since one, A. M. I found the os uteri dilated to the size of a crown-piece, but all the external parts dry and tense, the liquor amnii having been discharged many hours previously. The pains were severe, and not very efficient, being checked in their progress by the funis, which was found subsequently to be round the neck and left arm. I proceeded to administer the chloroform, by placing a small quantity on a pocket-handkerchief, and allowing her to breathe it. In half a minute it produced an agreeable state of stupor, and she suffered but little from the next pain. I paid great attention to the practical and judicious remarks which Dr. Simpson kindly gave me, in a private note accompanying his pamphlet—viz: "In midwifery you do not require to keep the patient so *sound* and deep as in surgery, otherwise you will stop the pains; but she should be so deep as not to feel them. With chloroform I give a few inhalations before each pain. In the interval, keep her just asleep, and no more." Thus I found every pain subdued as to the patient's suffering, but not at all as to its expulsive power. After the first two or three inhalations the external parts gave way, and became moist, soft, and yielding. The head, which did not present in the natural way, but with the ear under the arch of the pubes, and the occiput under the sacro-sciatic arch, in about two hours descended to the perineum, and pressed hard upon it. I then gave a larger dose, and the child—a fine male—was born without the knowledge of the patient, and she awoke in five minutes, hearing its cry. The placenta came away entire in ten minutes, whereas in all her previous labours she had always either hour-glass contraction, or retention from other causes. The uterus contracted well, and continued so; the patient had no bad symptom, either vomiting or headache. In all, I used only *one* drachm. —*Lancet*, Dec. 4th, 1847.

71. *Chloroform in Instrumental Labour.*—Prof. MURPHY mentioned, at a meeting of the Westminster Medical Society, (Nov. 27,) that he had lately exhibited the chloroform in a case of perforation, occurring in a woman with a deformed pelvis, and in whom no other operation could have been resorted to for delivery. Dr. SNOW had, in this case, exhibited the agent, and though the operation lasted for three-quarters of an hour, she was quite unconscious during the whole time, and when she awoke at the conclusion of the operation, expressed her surprise at her delivery. She had undergone the operation before, and had suffered greatly, the consequences of the proceeding being felt by her for the space of three months afterwards, so that she could not leave her bed. In the present instance the operation had been performed only two days since, and she was now nearly well. —*Lancet*, Dec. 4th, 1847.

72. *Chloroform in Medical Practice.*—At the meeting of the Westminster Medical Society, Mr. BROWN stated that he had recently employed it as a remedial agent in a case of bronchitis in a lady about fifty, in whom, after the acute symptoms had been removed by appropriate treatment, great restlessness and sleeplessness, with some cough, presented themselves. These were so urgent, that for three nights she obtained no sleep whatever. She could not bear any kind of opiate. Under these circumstances, he placed half a drachm of chloroform in a sponge to her nostrils. It took almost immediate effect, and she had two hours of most refreshing sleep. Restlessness, however, returned on awaking, and continued for some hours; but since then she has had good nights, and is free from the symptoms mentioned.

Mr. GREENHALGH had, the day before, exhibited the chloroform in the way recommended by holding it to the nose in a sponge. The patient was a gentleman, who was the subject of severe attacks of spasmodic asthma, which usually were of some duration, and from the effects of which he did not usually recover under two or three days. In this attack he administered forty minims of the chloroform. The patient almost immediately fell into a profound sleep, from which he awoke without any of the usual consequences of the attack. So pleased was he with the effect of the remedy, that he now kept a dose of the preparation in readiness to

inhale if an attack came on. He (Mr. Greenhalgh) had employed chloroform in a great number of cases, and had himself frequently inhaled it. It had the advantage over ether of being more easily applied, producing no excitement, being more rapid in its action, and leaving none of the unpleasant sensations behind it which ether did.—*Lancet*, Dec. 4th, 1847.

73. *Ether in Surgical Operations*.—Prof. SYME in an article on this subject in the *Monthly Journ. Med. Sci.* of August last, remarks:—

“Whilst discharging what I conceive to be my duty in offering this testimony as to the safety and efficiency with which ether may be administered, I am very far from desiring to sanction its indiscriminate employment, or attaching to it the importance that has been so much insisted upon by some popular writers. In an inflated article of ‘the North British Review,’ obviously written more with a view to make an impression upon the non-medical part of the public, than to convey useful information—the author, with greater credit to his plausibility than sincerity, if, indeed, he really possessed any surgical knowledge or experience, has not scrupled to magnify the value of an influence causing insensibility, or forgetfulness of suffering, by greatly exaggerating the pain of operations, and misrepresenting the effect of its suspension upon their performance. Physical pain is undoubtedly an evil, but certainly one of very secondary importance when compared with any want of perfection in attaining the object for which an operation is performed. It may be added, that the pain of trivial operations, such as the extraction of a tooth, or the evulsion of a nail, would form a very erroneous standard for estimating the amount of what is felt on the occasion of more extensive mutilations. I have frequently, in operating at the hospital, called attention to the perfect quiet and composure of patients under the greatest liberties ever taken with the human frame, such as the removal of large tumours, amputations, and lithotomy. On many of these occasions not one cry or groan, or even any alteration of the breathing, not a movement of the body, or contortion of the countenance could be noticed; and the patients, when asked to describe their sensations, have represented them as nowise unbearable.

“But however severe the pain really were, it would still be of little consequence when compared with the effects of the operation; and the patient, upon awakening from his ethereal trance, would be sorry to learn that immunity from suffering had been obtained at the expense of unnecessary injury to his body. It has been said, indeed, by the reviewer, that the ether, so far from impeding the proper performance of operations, will greatly promote it, by freeing the surgeon from a powerful inducement to hurry through their steps, instead of taking them with care and deliberation. But surely, though this argument might suffice for “*vulgus captandum*” purposes, it could not for an instant impose upon any member of the surgical profession. Operations performed quickly are in general performed well, not because of the short time they occupy, but in consequence of nothing more being done by them than what is actually required; while slow operations are in general ill-performed, not by reason of their slowness, but from the unnecessary groping, squeezing, cutting, and tearing required for their completion. If a surgeon can perform an operation properly, he will not render his work more perfect by protracting its execution; and if he cannot duly discharge his duty on a patient who retains sensibility, he will find himself no less unable to do so in operating upon one stupefied by ether.

In many operations it is of the utmost importance that the patient should retain a voluntary control over his movements, not only for assisting the operator by executing those that he may desire, but by abstaining from those which would be obstructive of the object in view. Thus I have known the little operation for fistula in ano not only impeded but prevented by the convulsive efforts induced through the use of ether. In all careful dissections, as those for hernia, and the removal of tumours from intricate connections of importance, I would therefore advise against the inhalation. I lately disarticulated a clavicle from the sternum, for osteo-sarcoma, and dissected out some large deep-seated tumours of the neck, with results which, I believe, might not have proved so satisfactory if ether had been used. In operations affecting the nose and mouth, also, I should think it inexpedient to render the patient insensible; lest from the want of voluntary